MERRITT ISLA				
Current Mai	ing Address:			
4045 LEONA MERRITT IS	COURT LAND, FL 32952 US			
FEI Number: 59-2822318			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
BARR, ANNE 4045 LEONA CO MERRITT ISLAI	DURT ND, FL 32952 US			
The above named	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE: ANNE BARR				
SIGNATURE	: ANNE BARR			03/01/2018
SIGNATURE	: ANNE BARR Electronic Signature of Registered Agent			03/01/2018 Date
SIGNATURE	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	SECRETARY	
Officer/Dired	Electronic Signature of Registered Agent	Title Name	SECRETARY BARR, ANNE	
Officer/Direc	Electronic Signature of Registered Agent ctor Detail : PRESIDENT			
Officer/Direc Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT HEDDLESTEN, STEVE	Name	BARR, ANNE	
Officer/Direc Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT HEDDLESTEN, STEVE 4040 LIBBY COURT	Name Address	BARR, ANNE 4045 LEONA COURT	
Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRESIDENT HEDDLESTEN, STEVE 4040 LIBBY COURT MERRITT ISLAND FL 32952	Name Address City-State-Zip:	BARR, ANNE 4045 LEONA COURT MERRITT ISLAND FL 32952	
Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT HEDDLESTEN, STEVE 4040 LIBBY COURT MERRITT ISLAND FL 32952 VP	Name Address City-State-Zip: Title	BARR, ANNE 4045 LEONA COURT MERRITT ISLAND FL 32952 TREASURER	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNE BARR

SECRETARY/TREASURER 03/01/2018

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15926

Entity Name: GEORGIANA GROVES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4045 LEONA COURT

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FILED Mar 01, 2018 **Secretary of State** CC8591375453

Date